

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541896

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1					1		
2						1	
3						1	
4						3	
5						3	
6						3	
7						1	
8						1	
9						1	
10						1	
11						1	
12						1	
13						1	
14						1	
15						1	
16						1	
17						1	
18					1		
19						1	
20					1		
21						1	
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23						1	
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25						3	
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49							
50							
TOTAL IND.					5		
TOTAL DEP.					28		
TOTAL CLAIMS					33		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

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